

L13000009901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

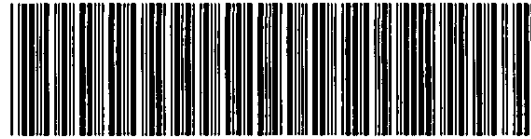
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

AUG 05 2016

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Boutique Property Management LLC.

2. The Florida document/registration number assigned to this limited liability company is:

LC13000009901.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/1/16

4. I, Kristina Lebrevelec, hereby withdraw/resign as a

(Print Name of Person Resigning)

MEM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing:


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required) ✓

Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA